County: Burnett CAPESIDE COVE GOOD SAMARITAN CENTER 23926 4TH AVENUE SOUTH SIREN 54872 Phone: (715) 349-2292
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 94
Total Licensed Bed Capacity (12/31/00): 94
Number of Residents on 12/31/00: 81 Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census: Non-Profit Church Related Skilled No Yes 87

*************	****	***********	******	***********	*******	************	*******
Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	9) %				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No No No No No	Primary Diagnosis  Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	0. 0 25. 9 4. 9 0. 0 0. 0 7. 4 22. 2	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	7. 4 8. 6 32. 1 42. 0 9. 9	Less Than 1 Year 1 - 4 Years More Than 4 Years  **********************  Full-Time Equival Nursing Staff per 100 1 (12/31/00)	
Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled	Yes No No Yes	Cerebrovascul ar Di abetes Respiratory Other Medical Conditions	12. 3 8. 6 1. 2 17. 3	Sex Male Female	29. 6 70. 4 100. 0	RNs LPNs Nursing Assistants Aides & Orderlies	11. 9 6. 1 35. 2

## Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			Other Pri va			ri vate			Manageo		Percent		
			Per Die	m	n Per Diem			Per Diem			Per Diem		Per Diem Total			Of All	
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	11	16. 4	\$111. 53	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	11	13. 6%
Skilled Care	3	100.0	\$145.00	46	68. 7	\$94. 74	0	0.0	\$0.00	10	90. 9	\$122.00	0	0.0	\$0.00	59	72.8%
Intermedi ate				10	14.9	\$77. 95	0	0.0	\$0.00	1	9. 1	\$114.00	0	0.0	\$0.00	11	13.6%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	ıt O	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	3	100. 0		67	100. 0		0	0.0		11	100.0		0	0.0		81	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assi stance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent 4.7 Resi dents Private Home/With Home Health 7. 1 Bathi ng 1. 2 75.3 23. 5 81 Other Nursing Homes 7. 1 Dressi ng 25.9 **55.** 6 18. 5 81 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 51.9 30.9 80.0 17. 3 81 35.8 1. 2 Toilet Use 44. 4 19.8 81 0.0 9. 9 28. 4 81 \*\*\*\*\*\* Other Locations 0.0 Total Number of Admissions Continence Special Treatments 85 Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 1. 2 0.0 Private Home/No Home Health 19.4 Occ/Freq. Incontinent of Bladder 51. 9 0.0 Private Home/With Home Health 21.5 Occ/Freq. Incontinent of Bowel 32. 1 1. 2 Other Nursing Homes 9. 7 1. 2 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 10.8 6. 2 Mobility Physically Restrained 18.5 9.9 1. 1 0.0 Other Locations 3. 2 Skin Care Other Resident Characteristics 4. 9 Deaths 34.4 With Pressure Sores Have Advance Directives 67.9 Total Number of Discharges With Rashes 8.6 Medi cati ons Receiving Psychoactive Drugs 61.7 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

						4-4-4-4-4-4-4-4-4			
		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	Noni	orofi t	50-	- 99	Ski l	led	Al l	
	Facility	lity Peer Group			Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92. 6	88. 0	1. 05	<b>85</b> . <b>4</b>	1. 08	84. 1	1. 10	<b>84</b> . 5	1. 09
Current Residents from In-County	<b>58</b> . <b>0</b>	79. 3	0. 73	72. 9	0.80	76. 2	0. 76	77. 5	0.75
Admissions from In-County, Still Residing	14. 1	24. 2	0. 58	21. 3	0.66	22. 2	0.64	21. 5	0. 66
Admissions/Average Daily Census	97. 7	102. 4	0. 95	101. 3	0. 96	112. 3	0. 87	124. 3	0. 79
Di scharges/Average Daily Census	106. 9	99. 2	1. 08	101. 3	1.06	112. 8	0. 95	126. 1	0.85
Discharges To Private Residence/Average Daily Census	43. 7	33.8	1. 29	37. 6	1. 16	44. 1	0. 99	49. 9	0.88
Residents Receiving Skilled Care	86. 4	88. 7	0. 97	89. 6	0. 96	89. 6	0. 96	83. 3	1.04
Residents Aged 65 and Older	92.6	96. 0	0. 96	93. 4	0. 99	94. 3	0. 98	87. 7	1.06
Title 19 (Medicaid) Funded Residents	82. 7	<b>68</b> . <b>6</b>	1. 21	69. 0	1. 20	70. 1	1. 18	69. 0	1. 20
Private Pay Funded Residents	13. 6	26. 2	0. 52	23. 2	0. 58	21. 4	0.64	22. 6	0.60
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Résidents	30. 9	38. 6	0.80	41.5	0.74	39. 6	0. 78	33. 3	0. 93
General Medical Service Residents	17. 3	16. 4	1.06	15. 4	1. 13	17. 0	1. 02	18. 4	0.94
Impaired ADL (Mean)	41. 7	46. 9	0.89	47.7	0. 88	48. 2	0.87	49. 4	0.85
Psychol ogi cal `Probl ems	61. 7	53. 4	1. 16	51. 3	1. 20	50.8	1. 21	50. 1	1. 23
Nursing Care Required (Mean)	4. 0	6. 5	0. 62	6. 9	0. 58	6. 7	0.60	7. 2	0. 56